

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/857340**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1											
3		12											
4		⊕1											
5		⊕											
6		⊕1											
7		⊕											
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9		⊕											
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15	1												
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TOTAL IND.	5	↓		↓		↓							
TOTAL DEP.	23	↓		↓		↓							
TOTAL CLAIMS	28												
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TOTAL IND.		↓		↓		↓							
TOTAL DEP.		↓		↓		↓							
TOTAL CLAIMS													

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS